

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 28 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

5770

1. PLACE OF DEATH

87 County Ralls
 Township Saxton
 City Saxton (No. _____)

Registration District No. 547
 Primary Registration District No. 3026

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME George Milton Walker

(a) Residence, No. X St. _____ Ward. Saxton, Missouri
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrella Walker
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2 1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 8 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Barton
 (STATE OR COUNTRY) Illinois

13. NAME Julius Walker

14. BIRTHPLACE (CITY OR TOWN) New York
 (STATE OR COUNTRY) New York

15. MAIDEN NAME Rachel Willett

16. BIRTHPLACE (CITY OR TOWN) Hillsborough
 (STATE OR COUNTRY) Ohio

17. INFORMANT Carrella Walker (Wife)
 (ADDRESS) Saxton, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Bareley, New London DATE Feb 27, 1932

19. UNDERTAKER Wm M Smith
 (ADDRESS) 902 Brady, Hannibal, Mo

20. FILED 3-24 1932 Sylvia Rager
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1932, to Feb 23, 1932

I last saw him alive on Feb 23, 1932 Death is said

to have occurred on the date stated above, at 6:00 p. m.

The principal cause of death and related causes of importance were as follows:

Angus Pectoria Probably Date of onset 2/23/32

Other contributory causes of importance: Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) H B Norton M. D.

(Address) Hannibal Mo

